

# Index of Claims



Application/Control No.

10/517,538

Examiner

Jaime M. Holliday

Applicant(s)/Patent under Reexamination

DUPUY ET AL.

Art Unit

2617

|   |          |
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| ✓ | Rejected |
| = | Allowed  |

|   |                                |
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| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

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| N | Non-Elected  |
| I | Interference |

|   |          |
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| A | Appeal   |
| O | Objected |

| Claim |          | Date     |        |         |          |  |  |  |  |  |  |
|-------|----------|----------|--------|---------|----------|--|--|--|--|--|--|
| Final | Original | 11/28/05 | 7/9/06 | 2/11/07 | 11/23/07 |  |  |  |  |  |  |
|       | 1        | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 2        | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 3        | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 4        | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 5        | O        | -      | -       | -        |  |  |  |  |  |  |
|       | 6        | O        | O      | ✓       | ✓        |  |  |  |  |  |  |
|       | 7        | O        | O      | ✓       | ✓        |  |  |  |  |  |  |
|       | 8        | O        | O      | ✓       | ✓        |  |  |  |  |  |  |
|       | 9        | O        | O      | ✓       | ✓        |  |  |  |  |  |  |
|       | 10       | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 11       | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 12       | ✓        | -      | -       | -        |  |  |  |  |  |  |
|       | 13       | ✓        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 14       | O        | -      | -       | -        |  |  |  |  |  |  |
|       | 15       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 16       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 17       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 18       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 19       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 20       | O        | ✓      | ✓       | ✓        |  |  |  |  |  |  |
|       | 21       |          |        |         | ✓        |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |
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| Final | Original |      |  |  |  |  |  |  |  |  |  |
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|       | 88       |      |  |  |  |  |  |  |  |  |  |
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|       | 100      |      |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |  |  |
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|       | 103      |      |  |  |  |  |  |  |  |  |  |
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|       | 105      |      |  |  |  |  |  |  |  |  |  |
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|       | 109      |      |  |  |  |  |  |  |  |  |  |
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|       | 115      |      |  |  |  |  |  |  |  |  |  |
|       | 116      |      |  |  |  |  |  |  |  |  |  |
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|       | 123      |      |  |  |  |  |  |  |  |  |  |
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|       | 127      |      |  |  |  |  |  |  |  |  |  |
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|       | 131      |      |  |  |  |  |  |  |  |  |  |
|       | 132      |      |  |  |  |  |  |  |  |  |  |
|       | 133      |      |  |  |  |  |  |  |  |  |  |
|       | 134      |      |  |  |  |  |  |  |  |  |  |
|       | 135      |      |  |  |  |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |  |  |  |
|       | 138      |      |  |  |  |  |  |  |  |  |  |
|       | 139      |      |  |  |  |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |  |  |
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|       | 149      |      |  |  |  |  |  |  |  |  |  |
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